#### **Centers for Disease Control and Prevention**





### **Zoster Vaccines Session: Introduction**

ACIP Meeting
October 20, 2021

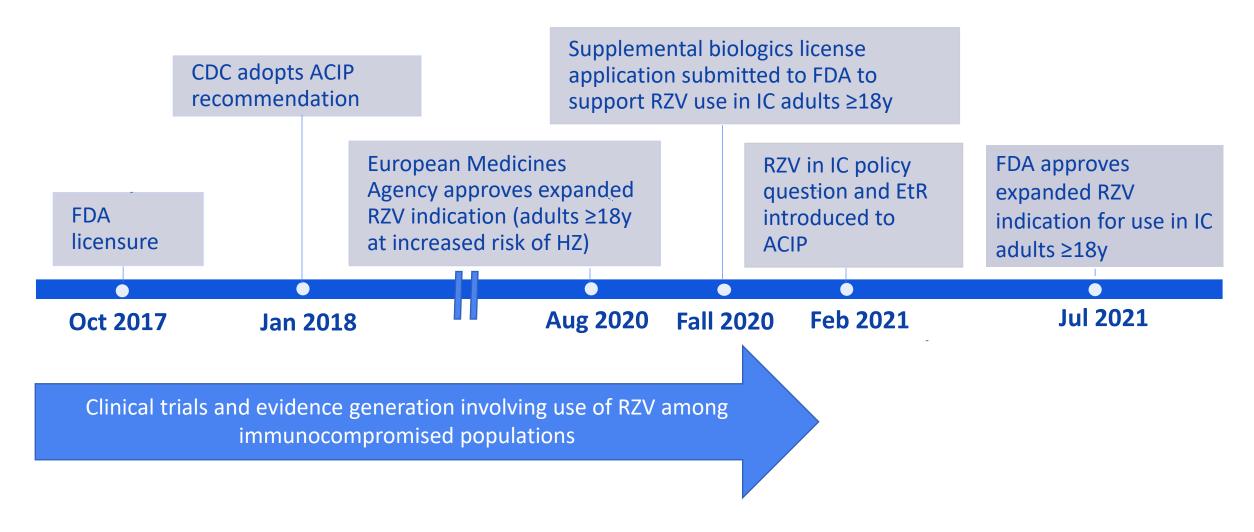
Camille Nelson Kotton, MD
Chair, Herpes Zoster Work Group

# Herpes Zoster Work Group

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## Timeline of Recombinant Zoster Vaccine (RZV, Shingrix)



Abbreviations: HZ-Herpes Zoster; IC-Immunocompromised; RZV-Recombinant Zoster Vaccine; EtR-Evidence to Recommendations Framework

## **Policy Question**

Should adults aged ≥19 years who are or will be immunodeficient or immunosuppressed due to disease or therapy be recommended to receive two doses of recombinant zoster vaccine for the prevention of herpes zoster and its complications?

### • Including but not limited to:

- 1. Hematopoietic stem cell transplant (HSCT) recipients
- 2. Patients with hematologic malignancies (HM)
- 3. Renal or other solid organ transplant (SOT) recipients
- 4. Patients with solid tumor malignancies (STM)
- People living with HIV
- 6. Patients with primary immunodeficiencies, autoimmune and inflammatory conditions, and taking immunosuppressive medications/therapies

## **PICO Question**

Population	Immunocompromised (IC) adults aged ≥19 years	
Intervention	Recombinant zoster vaccine (RZV), 2 doses at least 4 weeks apart*	
Comparison	No vaccine	
Critical Outcomes	<ul><li>Herpes Zoster (HZ)</li><li>Serious Adverse Events (SAEs)</li></ul>	
Important Outcomes	<ul> <li>Postherpetic Neuralgia (PHN)</li> <li>HZ-Related Hospitalization</li> <li>Immune-Mediated Disease (IMD)</li> <li>Reactogenicity (Grade 3)</li> <li>Graft versus Host Disease (HSCT)</li> <li>Graft Rejection (SOT)</li> </ul>	

<sup>\*</sup>First dose at Month 0 followed by a second dose 2 to 6 months later; For individuals who are or will be immunodeficient or immunosuppressed and who would benefit from a shorter vaccination schedule: First dose at Month 0 followed by a second dose 1 to 2 months later.

# September 2021 ACIP Meeting

- Economics of vaccinating IC
   19–49-year-old adults against
   HZ in the US
- Preliminary EtR regarding use of RZV in IC adults≥19 years

EtR Domain	Question	
<b>Public Health Problem</b>	n Is the problem of public health importance?	
Benefits and Harms	How substantial are the desirable anticipated effects?	
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	Do the desirable effects outweigh the undesirable effects?	
Values	Does the target population feel the desirable effects are	
	large relative to the undesirable effects?	
	Is there important variability in how patients value the	
	outcomes?	
Acceptability	Is the intervention acceptable to key stakeholders?	
Resource Use	Is the intervention a reasonable and efficient allocation of	
	resources?	
Equity	What would be the impact of the intervention on health	
	equity?	
Feasibility	Is the intervention feasible to implement?	

EtR: Evidence to Recommendations Framework

## **Activities since September 2021 ACIP Meeting**

- Two work group meetings
- Reviewed and discussed
  - -September 2021 ACIP feedback
  - –EtR updates
  - -Considerations for use of RZV in IC adults
  - Proposed policy options

## **Today's Session**

- WG Interpretation of the EtR Regarding Use of RZV in Immunocompromised Adults, Considerations for Use, and Proposed Policy Options
- Discussion
- ACIP vote later in meeting

# **Acknowledgments**

- ACIP HZWG: Paula Agger, Robin Avery, Lynn Bahta, Carol Baker, Edward Belongia, Al Benson, Paul Cieslak, Jeff Cohen, Jeff Curtis, Jeff Duchin, Darcie Everett, Jay Fishman, Mary Pat Friedlander, Sandra Fryhofer, Rafael Harpaz, Jeff Kelman, Grace Lee, Vicki Morrison, Kelly Moore, Steve Pergam, Lisa Prosser, Elizabeth Rausch-Phung, Bill Schaffner, Ken Schmader, Adam Welch
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## Thank You

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

